

Form 2-PV Massachusetts Fiduciary Income Tax Payment Voucher

2009

Name of estate or trust

U.S. taxpayer number

Name of fiduciary

Title

Payment for the year ending:

MONTH / DAY / YEAR

Mailing address of fiduciary

Amount enclosed

\$

City/Town

State

Zip

☐ Check if name/address changed since 2008

Mail to: **Massachusetts Department of Revenue, PO Box 7018, Boston MA 02204.**

Make check payable to: Commonwealth of Massachusetts.

2009 0179 136

STAPLE CHECK HERE